

Title: Inequity in access to paediatric care for developmental and behavioural versus medical problems in Australia: a national survey.

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Title: INEQUITY IN ACCESS TO PAEDIATRIC CARE FOR DEVELOPMENTAL AND BEHAVIOURAL VERSUS MEDICAL PROBLEMS IN AUSTRALIA

Dear Editor,

In 2015/16, we invited members of the Australian Paediatric Research Network (APRN) to complete an online survey about waiting times for appointments for children referred with medical, developmental and behavioural problems across their work settings (ethics approval: Royal Children's Hospital Human Research Ethics Committee #35142).

165/383 (43%) active APRN members responded, and compared to paediatricians registered with the Australian Health Practitioner Regulation Agency,¹ responders were more likely to be younger (under 45 years; 44% vs. 31%, respectively), work part-time (58% vs. 26%) and practice in a rural location (30% vs. 15%).

Table 1 shows reported waiting times by problem type and practice setting. Regardless of problem type, children attending a private paediatrician wait for shorter periods than those attending outpatient or community clinics. Of paediatricians working in private practices, 90% reported seeing children with medical problems within 3 months compared with 70% in public settings. Children with developmental or behavioural problems are less likely to wait for prolonged periods in private vs public settings (6 to 10% vs 30% waiting >6 months, respectively). More than one in five paediatricians in both private and public settings reported limiting their availability for new patients with developmental and behavioural problems in the previous 12 months.

Paediatricians are the second most common health practitioner consulted by children with mental health problems² and developmental and behavioural problems make up around 50% their workload.³ Longer wait times to access paediatricians for developmental and behavioural problems may worsen the child's underlying condition, mental health, quality of life, school and family functioning. With the National Disability Insurance Scheme, more children may seek help, compounding these problems. Limiting appointments for children with developmental/behavioural problems may reflect the increased time needed to manage

developmental/behavioural problems,⁴ lack of compensation for post consultation tasks, or inadequate paediatric training in developmental/behavioural conditions.

Our data raise the possibility of inequity in timely access to care for Australian children with developmental and behavioural problems, as well as those attending public versus private settings. The National Health and Medical Research Council's major foci include "the social determinants of health and health inequalities, in terms of both health outcomes and access to health care".⁵ If we are to have a healthy society where every child has a right to achieve their potential, then access to care must be equitable across health settings and conditions. Paediatricians must now work with primary care, policy makers and systems managers to improve access to care, especially for children with developmental and behavioural problems.

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Table. Waiting list times for medical, developmental and behavioural referrals, by practice setting.[†]

	Private practice		Public outpatients		Community health centre	
	n	%	n	%	n	%
Medical problem						
<1month	37	45.1	28	23.5	4	17.4
2 months	26	31.7	28	23.5	5	21.7
3 months	10	12.2	27	22.7	2	8.7
3-6 months	5	6.1	26	21.9	8	34.8
6-9 months	3	3.7	5	4.2	1	4.4
9-12 months	1	1.2	3	2.5	1	4.4
>12 months	0	0.0	2	1.7	2	8.7
Developmental problem						
<1month	17	21.3	9	7.9	1	4.2
2 months	24	30.0	16	14.0	4	16.7
3 months	14	17.5	20	17.5	2	8.3
3-6 months	20	25.0	35	30.7	9	37.5
6-9 months	4	5.0	20	17.5	4	16.7
9-12 months	0	0.0	8	7.0	3	12.5
>12 months	1	1.3	6	5.3	1	4.2
Behavioural problem						
<1month	13	16.7	7	6.2	1	4.0
2 months	25	32.1	15	13.3	4	16.0
3 months	12	15.4	21	18.6	2	8.0
3-6 months	19	24.4	33	29.2	8	32.0
6-9 months	6	7.7	14	12.4	4	16.0
9-12 months	0	0.0	11	9.7	5	20.0
>12 months	3	3.9	12	10.6	1	4.0
Have limited new patients for specific referral types						
Developmental	24	29.3	26	20.6	4	16.7
Behavioural	31	37.8	28	22.4	4	16.0

[†]Compared with AHPRA data, in this sample Victorian paediatricians were over-represented (39% vs. 25%) whilst New South Wales (27% vs. 34%), South Australian (4% vs. 8%) and Queensland (16% vs.19%) were under-represented.